



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/520,108 Confirmation No. 6989
Applicant : Achim BRENK et al
Filed : January 3, 2005
TC/A.U. : 3752
Examiner : T. McGraw

Docket No. : R.302844-1
Customer No. : 02119

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


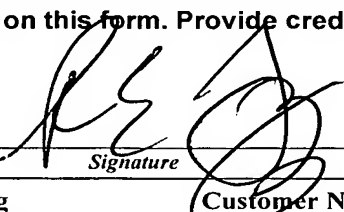
AMENDMENT UNDER 37 C.F.R. § 1.111

Sir:

In response to the Office action of March 24, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. R.302844-1	
Applicant(s): Achim BRENK et al						
Application No. 10/520,108	Filing Date January 3, 2005	Examiner T. McGraw	Customer No. 02119	Group Art Unit 3752	Confirmation No. 6989	
Invention: For Injector With And Without Pressure Boosting, With Controllable Needle Speed and Method For Controlling Same						
 COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	28 -	26 =	2	x \$50.00	\$100.00	
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$100.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 07-2100 in the amount of \$100.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-2100 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: 21 July 2006			
Ronald E. Greigg Registration No. 31,517			Customer No. 02119			
07/27/2006 MKAYPAGH 00000120 072100 10520108 02 FC:1615 100.00 DA Greigg & Greigg PLLC 1423 Powhatan Street, Unit One Alexandria, VA 22314						
cc: Telephone: (703) 838-5500 Facsimile: (703) 838-5554						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence						